

The Health of the Serbian Roma/Gypsies: A Research Report

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Background

The Balkan region is densely populated by Roma, a socially disadvantaged, stigmatized and relatively reproductively isolated ethnic group. Health data from across Europe show that being a Roma is associated with much poorer health status than is seen in the majority populations or among other ethnic minority groups. These data may not be accurate as the number of Roma was grossly underestimated. Almost nothing is known about the health of Serbian Roma. In this presentation we describe the results of a 2014 study of Serbian Roma women living in two settlements in the northern province of Serbia, with a focus placed on investigating health history of the females and their close kin. We focused on health concerns and on behaviors that are protective or that increase risk for chronic diseases (e.g., cancer, diabetes, and cardiovascular diseases). A special focus placed on reproductive histories.

Methods

In Fall 2014, Roma women living in two villages in the northern province of Serbia were interviewed in their homes for this study. Participants were recruited through personal contacts and Roma/Gypsy organizations. Women were eligible if they were Gypsies and married with at least one child. The final sample consisted of 60 Gypsy women residing in Village A and 22 from Village B, for an *N* of 82. Demographic information (e.g., age, educational level, marital status, SES, place of residence) was collected, along with information about marital and reproductive histories, diet and alcohol consumption, and health histories of self and family members. A focus was placed on asking about family history of diseases, especially cancer, and on behaviors and attitudes related to cancer risk or protective factors and on reproductive patterns that may increase or decrease risk for breast and ovarian cancers.

Figure 1: Health concerns

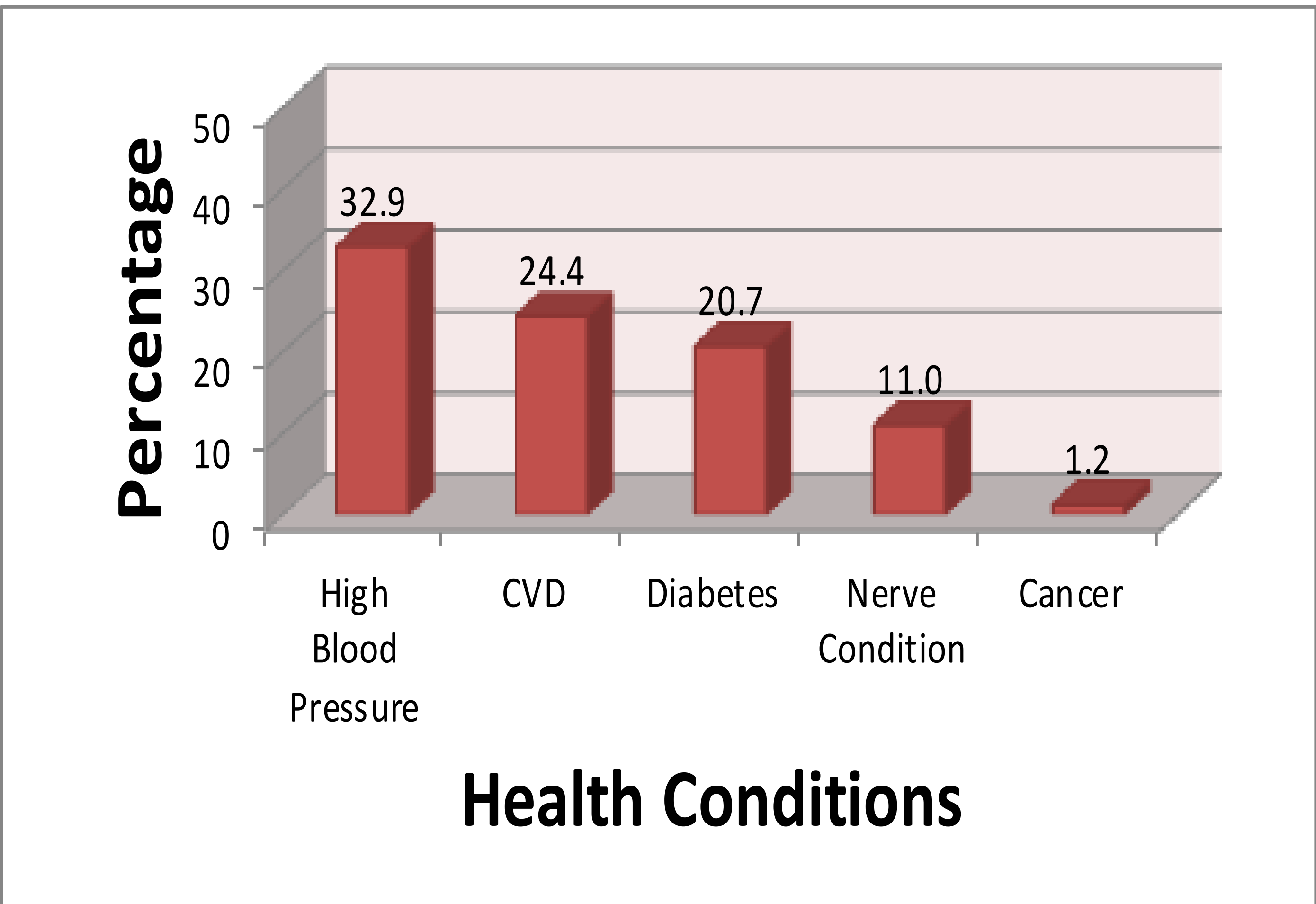


Table 1: Age at first menarche

Age	Frequency	Percent	Min	Max	M	SD
10.00	2	2.4	10.00	15.00	12.20	.85
11.00	12	14.6				
12.00	39	47.6				
13.00	26	31.7				
14.00	2	2.4				
15.00	1	1.2				
Total	82	100.0				

Table 2: Age at first reproduction

Age	Frequency	Percent	Min	Max	M	SD
11.00	1	1.2	11.00	29.00	16.91	2.41
13.00	2	2.4				
14.00	5	6.1				
15.00	13	15.9				
16.00	16	19.5				
17.00	19	23.2				
18.00	13	15.9				
19.00	3	3.7				
20.00	3	3.7				
21.00	6	7.3				
29.0	1	1.2				
Total	82	100.0				

Results

The average age of Roma women in this study is 43.5 (±15.5). While the majority of these women never attended school, those who did attend spent an average of 3.1 years in school (±2.87). Average age at menarche was 12.2, with a range from 10-15. Age at marriage was 15.3, the range being from 12-20 years of age. The average age at first birth ranged from 11-29, with the average being 16.9. The average number of children born to participants was 3.24 per woman. The average age at menopause was 46.2 years, with a range of 45-52. Over 71% of women reported having at least one miscarriage. Children were nursed for an average of 12 months. Around 53% women reported they never seek medical assistance when ill. Fifty-five percent of the women reported that they did not see a gynecologist during their pregnancies; 92.7% did not change their diet when pregnant and 63.4% reported that they smoked during their pregnancies.

As far as cancer, only one woman (1.2%) reported being diagnosed, and successfully completed treatment for breast cancer three years ago. This woman is now 22 years old and pregnant with her second child. She was 18 when she was diagnosed with breast cancer. Her mother died at the age of 57 from cervical cancer. No other women reported having any form of cancer. However, in regard to family history, four women (4.9%) said their mothers had been diagnosed with cancer (breast, ovarian, lung and benign liver cancer, respectively). Two mothers died as a consequence of having these cancers; the other died after a surgery, due to infection stemming from improper post-operative care at home.

Conclusion

While reproductive histories can help explain decreased risk for ovarian and breast cancer, the overall health profile of Serbian Roma women is also impacted by high levels of stress and stigmatization, lack of trust of the health care system, low utilization of services, and lack of health education programs, particular those that are culturally tailored. Plans are now in development for expanding this study to a larger area in the Balkans and to focus on health histories of both males and females.